

Important information about this form:

- Before completing this form, carefully read the Program Description & Participation Agreement.
- An eligible person can only have one ABLE account open at any time.
- There can only be one Authorized Legal Representative managing an account at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information if it's affected by changing the Authorized Legal Representative.
- A Medallion Signature Guarantee is required for the new and resigning Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated please provide a Death Certificate or proof of incapacitation instead.
- Type or print clearly in black ink, and do not staple the pages.

Need help?

Give us a call Monday – Friday from 8am – 7pm CT at 1-833-711-2253

Individuals with speech or hearing disabilities may dial **711** to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Alabama ABLE P.O. Box 9894 Providence, RI 02940-8094

Overnight Mail:

Alabama ABLE 4400 Computer Drive Westborough, MA 01581

| ABLE account | information |
|--------------|--------------|
| | ABLE account |

| Name of the Beneficiary on the ABLE account (First and last) | |
|---|--|
| | |
| Beneficiary's Social Security or Taxpayer Identification Number | |
| | |
| Alabama ABLE account number | |

2 Reason for changing Authorized Legal Representative

(Please select one)

- Resignation of Authorized Legal Representative (e.g. divorce, relocation, incarceration, etc.)
 (Signatures are required for the <u>resigning and the new Authorized Legal Representative</u> in **Steps 8 10**)
- Authorized Legal Representative is deceased or incapacitated

 (A Death Certificate or proof of incapacitation and signature of the new Authorized Legal Representative are required in **Steps 8 10**)





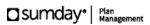
| ₩ | Alabama SAVINGS | |
|----------|--------------------|--|
| | | |

| Resigning | Authorized | Legal Re | presentative | information |
|-----------|------------|----------|--------------|-------------|

If the Authorized Legal Representative is deceased or incapacitated, please complete this step and provide a Death Certificate or proof of incapacitation instead of a signature in Step 9. Name (First and last) _ __ / __ __ / __ __ __ __ Date of birth (mm/dd/yyyy) Social Security or Taxpayer Identification Number **New Authorized Legal Representative information** If an Authorized Legal Representative is managing the account for a Beneficiary over the age of 18, they must also fill out the Verify Relationship Form in addition to this form. Name (First and last) Relationship to the Beneficiary (Please select one) I certify under the penalties of perjury that I am the Beneficiary's: Power of Attorney I have the Power of Attorney to open and manage an ABLE account for the Beneficiary. Parent / Legal Guardian The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I am their parent or legal guardian. Conservator The Beneficiary does not have a Power of Attorney pertaining to this ABLE account, and I have been appointed conservator.



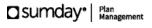
| continued from page 2 | | |
|---|----------------|-----|
| / / | | |
| | | |
| | | |
| Residential address | | |
| No P.O. boxes are accepted for a residential address. | | |
| Street address 1 | Street address | s 2 |
| City | State Z | |





| or ail | ling address | | | |
|-----------|---|---|----------------|--|
| | boxes are accepted for a mailing a | address. | | |
| | Use the Authorized Legal Repres (Leave address information below | sentative's residen | tial address | as the mailing address |
| tre | eet address 1 | | Street ac | ldress 2 |
| ity | , | | State | |
| ma | .91 | | | |
| | all | | | |
| | aii | | | |
| | ose how you want to receive stat | ements and tax f | orms for all | the accounts you manage |
| | ose how you want to receive stat | | | |
| | ose how you want to receive state ase select one) Send digital tax forms, account in (Please answer Step 5A below) | nformation and qu | uarterly state | |
| | Send digital tax forms, account in (Please answer Step 5A below) Send digital quarterly statements | nformation and questions and account info | uarterly state | ements by email email, but send tax forms by U.S. mail* |

^{*} All documents sent by U.S. mail will be mailed to the account's mailing address.





| 6 | | rk information of Author | | • | ount is | being | funded. | |
|--------------------|--|--|------------|-----------------------------|----------|------------|--|--|
| | What is the Authorized Legal Representative's work status? (Please select one) | | | | | | | |
| | | Employed Self-Emp | | Retired or Not Workin | | , | | |
| | | | | L | | | | |
| | _ | | | | | | | |
| \rightarrow | | | | | + | | | |
| A | Wha | t's your occupation (Please se | lect or | ne) | В | | se choose all of your sources come (Select all that apply) | |
| | Ansv | ver if employed or self-employ | yed: | | | | ver if retired or not working: | |
| | \bigcirc | Accounting/Auditing | \bigcirc | Hospitality/Food | | | Retirement Savings | |
| | \bigcirc | Admin/Clerical | | Independent Investor | | | Spousal Support | |
| | | Art/Antiques Dealer | | Information Technology | | | | |
| | | Banking Professional | | Insurance | | \bigcirc | Social Security or Pension | |
| | | Car/Boat/Airplane Dealer | | Legal Services | | | Other Government Services | |
| | | Casino/Gaming | | Manufacturing/Production | | | Other: | |
| | | Construction/Skilled Trade | | Nonprofit Executive | | | (Please write in all other | |
| | | Creative/Design/ | | Operations | | | sources) | |
| | | Architectural Defense/Military | | Other: | | | | |
| | | Editorial/Writing/Publishing | | | | | | |
| | | | | (Please write in your | | | | |
| | | Education | \bigcap | occupation) Public Service | | | | |
| | \bigcirc | Elected Official/Embassy | | | | | | |
| | \bigcirc | Engineering/Science/R&D | \bigcirc | Retail/Sales/Real Estate | | | | |
| | | Entertainment/Sports/Arts | \bigcirc | Student | | | | |
| | | Financial Services | | Transportation/ Warehousing | | | | |
| | | Health Care Professional | | ŭ | | | | |





Verify your identity

The new Authorized Legal Representative must provide identification. If the Beneficiary has reached the age of 18 since opening the account, they must also provide identification in this step.

How to provide identification

Acceptable ID Documentation

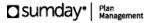
Option A

Option B

Include a copy of a Department of Motor Vehicles State ID

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.





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Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Description & Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I will retain a copy of the **Program Description & Participation Agreement** for my records. I understand that the Alabama ABLE program may, from time to time, amend the **Program Description & Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

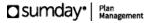
Additionally, I certify under penalty of perjury:

- The Beneficiary's disability or blindness is expected to result in death or has lasted, or can be expected to last for a continuous period of not less than 12 months and that I will notify the Program of any change to the status of the beneficiary's disability or blindness (including any potential cure or remission of such disability or blindness) promptly upon such occurrence.
- I'm either a parent, a legal guardian, or have Power of Attorney, which makes me an Authorized Legal Representative. I am authorized to act on the Beneficiary's behalf in opening and managing the Account and that this Account is in the best interest of the Beneficiary.

The resigning Authorized Legal Representative must sign below with the new Authorized Legal Representative. If the resigning Authorized Legal Representative is deceased or incapacitated, no signature is required and a Death Certificate or proof of incapacitation must be provided to the Guarantor of the Medallion Signature Guarantee in **Step 9**.

If applicable — Did you include the Verify Relationship Form if the Beneficiary is over the age of 18

| mentioned | in Step 4? | | |
|-------------|------------------|------------------------------|-------------------|
| Yes Yes | O No | ○ N/A | |
| Signature o | of resigning Aut | horized Legal Representative | Date (mm/dd/yyyy) |
| Signature o | of new Authoriz | ed Legal Representative | Date (mm/dd/yyyy) |







A Medallion Signature Guarantee is required for a resigning Authorized Legal Representative — If applicable

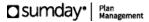
If the resigning Authorized Legal Representative is deceased or incapacitated, a Death Certificate or proof of incapacitation must be provided to the Guarantor of the Medallion Signature Guarantee.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Description & Participation Agreement**

| | Have the Authorized Officer stamp here |
|---|--|
| Signature of resigning Authorized Legal Representative (unless deceased or incapacitated) | |
| Signature Guarantor | |
| Title | _ |
| Name of Institution | _ |
| Date (mm/dd/yyyy) | _ |







A Medallion Signature Guarantee is required for a new Authorized Legal Representative Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Description & Participation Agreement**.

| | Have the Authorized Officer stamp here |
|--|--|
| Signature of new Authorized Legal Representative | |
| Signature Guarantor | |
| Title | |
| Name of Institution | |
| Date (mm/dd/vvvv) | |

